



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
 OFFICE OF INTERGOVERNMENTAL SERVICES
VICTIM JUSTICE AND ASSISTANCE PROGRAM
 FAMILY VIOLENCE PREVENTION AND SERVICES ACT (FVPSA)
ANNUAL PERFORMANCE NARRATIVE REPORT

REPORT PERIOD: 10/01/ to 09/30/

SUB GRANT ORGANIZATION			
SUB GRANT NUMBER		AUTHORIZED OFFICIAL	
TYPE OF ORGANIZATION	Select One	Specify Other	
1. TOTAL DOMESTIC VIOLENCE PROGRAM BUDGET	2. FVPSA SUBGRANT AMOUNT	3. VOLUNTEERS	4. VOLUNTEER HOURS
5. PERFORMANCE NARRATIVE QUESTIONS			
For services supported in whole or in part by your FVPSA sub grant, provide examples or summaries of your program accomplishments and challenges in these areas:			
A. For services supported in whole or in part by your FVPSA subgrant, share a story about a client, service or community initiative.			
B. What does your FVPSA subgrant allow you to do that you wouldn't be able to do without this funding?			
C. Describe, if applicable, any efforts supported in whole or in part by your FVPSA subgrant to meet the unique needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges.			
D. Describe significant prevention and outreach activities supported in whole or in part by your FVPSA subgrant during the project period.			
E. Describe the direct victim services and/or activities your subgrant set out to provide and whether or not your intended goals were accomplished. Be sure to include the method/tools used in determining the outcome.			
F. Please share your experiences and those of your clients with the Arkansas Victim Compensation process, including what activities you have found to be particularly effective and any suggestions you may have for improvements.			



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G. Please provide a complete description of the efforts taken within your community during the project period to coordinate various services for crime victims between nonprofit and governmental organizations.

H. Provide any additional information that you would like us to know about your FVPSA supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.

The undersigned hereby certifies that all statements, information and disclosures made herein have been reviewed in its entirety and are true and accurate. Furthermore, the undersigned accepts that this certification shall be treated as a material representation of fact upon which reliance will be placed by the State of Arkansas, Department of Finance and Administration.

Name and Title of Authorized Official

Authorized Official Signature

Date